



# Kansas Ryan White Title II CARE Program Renewal Form

Kansas Department of Health and Environment, Ryan White Title II C.A.R.E. Program

1000 SW Jackson, Suite 210

Topeka, KS 66612-1274

Fax: (785) 291-3420

## CLIENT INFORMATION

Name:		Participant Card:
Physical Address:		
City/State/Zip:		
Mailing Address:		
City/State/Zip:		
Phone: (Primary)	Phone: (Secondary)	

## INCOME INFORMATION

Ask the client the following questions: (Check all that apply)

Are you currently working?	Yes	No
Are you currently receiving unemployment?	Yes	No
Are you currently receiving social security benefits?	Yes	No
Are you currently receiving social security disability benefits?	Yes	No
Do you receive any other income?	Yes	No

If client answered YES to any of these questions, please attach proof of income and update:

Annual Family Income:

Family Size:

Please attach documentation of income such as pay stubs, copy of social security or unemployment check, or copy of most recent income tax return.

If client answered NO to all of these questions:

How do you pay for living arrangements?  
How do you pay for groceries?  
How do you pay utilities?

## DETERMINATION OF INCOME AND MEDICAID STATUS

Check all that apply

<input type="checkbox"/> Income Status DID NOT change. MEDICAID status is assumed to be the same.	<input type="checkbox"/> Income Status DID change. MEDICAID Proof is attached or in process.
<input type="checkbox"/> Current MEDICAID card attached <input type="checkbox"/> Denial letter attached <input type="checkbox"/> MEDICAID status determination in process	

Case Manager reviewed this information with me: \_\_\_\_\_

Client Signature and Date Signed

To the best of my knowledge, this information is correct. \_\_\_\_\_

Case Manager Signature and Date Signed